



CERTIFICATION OF OPEB FUNDING POLICY & GASB 43/45 REPORTING COMPLIANCE

As the employer, I certify that our funding policy is to contribute consistently an amount equal to (check one):

- ☐ 100 % of the ARC as determined in our OPEB valuation dated _____, 20__ which used an average actuarial Discount Rate of 7.75%.
- ☐ ____% of the ARC as determined in our OPEB valuation dated _____, 20__ which used an average actuarial Discount Rate of ____%.
- ☐ We will contribute to the trust using an approach not directly related to the ARC. Please describe your funding approach and how the approach relates to the average discount rate assumption made by your actuary in the OPEB valuation dated _____, 20__ which used an average actuarial Discount Rate of ____%:

This OPEB valuation provides ARC amounts for the following periods:

First year: From _____, 20__ through _____, 20__.

Second year: From _____, 20__ through _____, 20__.

We plan to contribute toward the ARC in the following manner (check one):

- ☐ Contribute our ARC payments to the trust and seek reimbursements for Pay-go costs
- ☐ Contribute our ARC payments to the trust net of Pay-go costs and not seek reimbursements

The California Employers' Retiree Benefit Trust (CERBT) fund plan includes more than 200 members. We understand that, under GASB 43, paragraph 33, as an employer participating in the CalPERS CERBT, we must obtain an actuarial valuation on at least a biennial basis.

We understand that we will be asked to provide accounting information to CalPERS as required in order to facilitate CalPERS compliance with GASB 43 reporting requirements, and we agree to make any information requested available to CalPERS on a timely basis. Our contact information is noted below.

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We understand that CalPERS will provide us with our Statement of Plan Net Assets and our Statement of Changes in Plan Net Assets, which can be used to prepare our GASB 45 reporting. CalPERS will report aggregated GASB 43 information pertaining to the Funded Status and Funding Progress.

Date of OPEB valuation

Name of Employer

Printed Name and Title of Person Signing the Form

Signature

Date

Designated Employer Contact Name for GASB Reporting

Phone #

Email Address